Causes of Facial Pain Cheat Sheet

by Siffi (Siffi) via cheatography.com/122609/cs/22849/

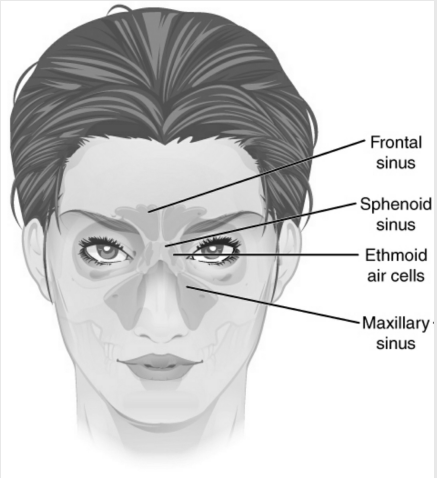
Dental Abscess

S&S
Severe/throbbing toothache - radiates to maxilla/mandibular area
Swollen lymphnodes
Fever
Sensitivity to temperatures/pressures
Swelling in the face
Bad taste/odour in the mouth

Management

Referral to dentist/GP
Antibiotics + Root canal procedure

Sinuses



- Sinuses of the skull

Acute/Chronic Sinusitis

Acute S&S	Chronic
Maxillary sinus most infected	Vague Facial Pain
Localised tenderness - Sphenoidal/ethmoidal causes constant pain behind the eye/nose + nasal blockage	Offensive postnasal drip
Facial Pain	Nasal Obstruction
Toothache	Toothache
HA	Malaise
Purulent postnasal Drip	Halitosis

Acute/Chronic Sinusitis (cont)

Nasal Discharge + obstruction	Symptoms >90 days
Rhinorrhoea	
Cough which is worse at night	
Prolonged Fever	
Epistaxis	
Symptoms <90 days	

Examination

Palpation for Tenderness
Frontal - upward beneath medial side of the supraorbital ridge
Maxillary - against anterior wall, below infraorbital margin
Ethmoid - medially against the medial wall of the orbit

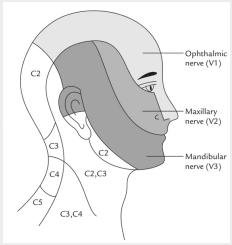
Management

Acute	Chronic
Refer to GP	Refer to GP
Antibiotics Nasal corticosteroids	Advice on avoidance of Triggers
	Long term Antibiotics
	Nasal Irrigation
	Intranasal corticosteroids
	Underwater diving avoidance
	Stop smoking
	Good dental hygiene is key

Refer IMMEDIATELY TO HOSPITAL IF:

- Orbital involvement
- S&S of meningitis
- Severe systemic infection
- Intraorbital/periorbital complications - oedema, cellulitis, displaced eyeball, diplopia, opthalmoplegia/affected visual acuity
- Neurological signs
- Severe Frontal HA

Facial Nerves Distribution



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Trigeminal Neuralgia

S&S

Unilateral, severe, searing jabs of pain

Usually in V2, V3 divisions

Variable Frequency - Spontaneous onset + offset

Talking, chewing, touching area, cold weather/wind

No relieving factors

Sensitive areas: upper + lower lip, nasolabial fold/upper eyelid

Normal Neurological Exam

Management

Drugs: Carbamazepine

Surgery (If blood vessel is pressing on nerve)

Capsaicin cream

CBT/Pain management

Glossopharyngeal Neuralgia (Rare)

S&S

Severe lacinating pain in back of throat

Radiates to ear canal + neck

Triggered by swallowing, coughing, talking

Management

Specialist Referral - GP, Dentist, Neurologist, Neurosurgeon

MRI to rule out blood vessel disorders/causes, Tumours of throat/neck

Drugs: Carbamazepine, gabapentin, liquid xlyocaine - regular blood tests needed

Herpes Zoster

S&S

Radicular Pain + hyperaestheisa in Trigeminal division (Usually V1) - stinging, tingling, burning

Unilateral patchy rash in one or more dermatomes

Intense erythema + papules in infected area (can be present on cornea)

Regional lymphademopathy

Crusting of scabs - 10-14 days afterwards

Fever + Malaise

HA

Management

IMPORTANT TO TREAT WITHIN 2-3 DAYS - INCREASED RISK OF POST-HERPETIC NEURALGIA

Referral to GP

Analgesics - Calamine, Opoids for severe pain, Lidocaine, Gabapentin

Antivirals - Aciclovir,valaciclovir, famciclovir

Atypical Facial Pain (AFP)

S&S

Moderate - Severe pain which is poorly localised - Maxilla/mandibular area

Chronic - gradual increase of pain

Middle aged women most affected

Radiates in anatomically impossible ways

Association with depression/anxiety

No aggravating/relieving factors

Does **NOT** wake patient up from sleep

A DIAGNOSIS OF EXCLUSION - RULE OUT OTHER CAUSES OF FACIAL PAIN

Management

Analgesics

Antidepressants

Muscle Relaxants

Anticonvulsants

Surgery ONLY TEMPORARY RELIEF

Refer to GP for specialist

CBT = fear avoidance

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